

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2011-10-31
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2012-06-28
Date of Last Exhibit 300A Update: 2012-07-23
Date of Last Revision: 2012-06-28

Agency: 009 - Department of Health and Human Services **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: HHS Unified Financial Management System: Modernization Program

2. Unique Investment Identifier (Ull): 009-000001397

Section B: Investment Detail

- Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

UFMS Modernization is a program rather than individual projects, consisting of two closely related near-term projects, and per OMB Memorandum M-10-26 are components of the HHS short-term plan to improve UFMS performance and capabilities. The Program was authorized by OMB to proceed through the Department's EPLC process and includes: (1) expansion of budget tools, and (2) dashboard and business intelligence. These projects are limited to UFMS with no dependencies on other HHS investments. Enterprise architecture considerations were considered throughout the business case, including high-level definition of the projects proposed within this program. However, the HHS Office of Budget is in the early planning stages seeking to implement the Departmental e-Budgeting System (DEBS). We do not believe there is an overlap between DEBS and the Modernization program as the expansion of budget tools will interface with DEBS to provide program managers functionality spanning budget planning through budget execution. The two projects proposed will create an information-driven Department, whereby HHS Programs will realize the following benefits: (1) enhancing the accountability and transparency of the Department and provide more financial management information in a cost effective manner, and (2) Create an environment where financial and programmatic data is synchronized centrally from UFMS. This will in turn allow for more data analysis and managerial accounting concepts to be used and further centralize and strengthen the HHS Programs' ability to enforce compliance with regulatory

policy while increasing operational efficiency. Program Managers will be provided with enhanced reporting and data analysis capabilities in order to make fact-based operational decisions. Operational efficiency and agility of the HHS processes will be improved by further centralization and strengthening the Department as a financial management organization. Accomplishing this will directly reduce cost by reducing the number of redundant "cuff" systems, decreasing future system maintenance and upgrade costs, and system complexity.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

This investment closes the gap between managerial and financial reporting and budget processing at the Operating Division level and the Department level. Not funding these investments would continue to hamper HHS program managers and the Department from having access to valuable and meaningful decision-making information. From an external perspective, the implementation of these projects will significantly improve HHS's ability to respond to requests from OMB and Congress with more accurate and timely financial information.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

In March 2011, the UFMS PMO participated in its first quarterly review update with OMB in accordance with OMB Memorandum M-0-26. A precursor and significant risk mitigation strategy for the dashboard and business intelligence project has been the efforts undertaken by 2 of the Operating Divisions (FDA and CMS) to pilot an Oracle Business Intelligence Enterprise Edition solution prior to the pending department-wide implementation. On May 25, 2011, the HHS OCIO Information Technology Review Board (ITIRB) unanimously approved the UFMS Modernization Project to advance from the Enterprise Performance Lifecycle (EPLC) Concept Stage to the Planning Stage. During subsequent quarterly meetings with OMB, the UFMS PMO provided additional detail and received OMB concurrence to continue through the EPLC process. A Statement of Work for the Modernization Project has been developed and approved with a target award date no later than September 30, 2011.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

(1) Expansion of Budget Tools FY 2012: · Finalization of EPLC Stage Gate 2 (Planning)
· Completion of EPLC Stage Gate 3 (Design) · Completion of the Hyperion Budget
Expansion Tool Global Requirements Document · Hyperion Budget Expansion tool
Architecture Design Document. FY 2013 · Completion of EPLC Stage Gate 4
(Implementation) · Globalize (Hyperion) Budget Expansion tool · Integration with
OBIEE · Integration with UFMS · Pre-Commitment Accounting/Planning. (2)
Dashboard and Business Intelligence FY 2012: · Finalization of EPLC Stage Gate 2
(Planning) · Completion of EPLC Stage Gate 3 (Design) · Dashboard/Reporting
Global Requirements · Globalize OBIEE Reporting Solution · OBIEE CMS & NIH
Interface- Summary Level Reporting Data · Proactive Detection and Alerts (Events
based and scheduled alerts) · CFRS OBIEE Reconciliation Tool · BI Publisher ·

Publish reports on web portal and/or send via email · Standard Operating Procedures for ad hoc reporting functionality · Develop Standard for change management across HHS Global Systems · HHS Global OBIEE Architecture Design Document · Develop SOW and select IV&V support contractors. FY 2013: · Completion of EPLC Stage Gate 4 (Implementation) · Hyperion Integration/Reporting · BI Apps Projects Analytics · Provide cost, revenue, and billing reports · Standard Operating Procedures for OBIEE Reports/Dashboards · Create Program (OpDiv Specific) Level DW Architecture Design · Create Department Level Data Warehouse Architecture Design.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2011-05-25

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$34.3	\$0.4	\$0.5	\$0.3
DME (Excluding Planning) Costs:	\$186.0	\$8.0	\$5.5	\$23.4
DME (Including Planning) Govt. FTEs:	\$1.0	\$0.0	\$0.0	\$0.0
Sub-Total DME (Including Govt. FTE):	\$221.3	\$8.4	\$6.0	\$23.7
O & M Costs:	\$141.2	\$26.8	\$27.7	\$28.7
O & M Govt. FTEs:	\$0.7	\$0.7	\$3.4	\$0.0
Sub-Total O & M Costs (Including Govt. FTE):	\$141.9	\$27.5	\$31.1	\$28.7
Total Cost (Including Govt. FTE):	\$363.2	\$35.9	\$37.1	\$52.4
Total Govt. FTE costs:	\$1.7	\$0.7	\$3.4	0
# of FTE rep by costs:	228	24	24	0
Total change from prior year final President's Budget (\$)		\$-3.3	\$-6.4	
Total change from prior year final President's Budget (%)		-8.44%	-14.61%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded		NIH NITAAC CIO-SP2, HHS-NIH-NLM- 2002-C-2060-T- 00									
Awarded		HHS-100-01-00 15									
Awarded		NIH NITAAC CIO-SP2i, DHHS-PS-2003 -C-2259-T-00									
Awarded		HHSP23320064 100EB									
Awarded		HHSP23320060 0001									
Awarded		UFMS Site Support Services, HHSP23320063 0003B (Task 2)									
Awarded		GS00F0026M									
Awarded		GS35F0480J									
Awarded		TBD, DFO O&M PMO Services									
Awarded		TBD, HP PPM Consulting Services									
Awarded		GS35F0852P									
Awarded		UFMS O&M Services, HHSP23320063 0003B (Task 1)									

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Awarded

HHSP23320117
5077W**2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:**

All acquisitions that supported the control phase of the investment (lines 1-5 above) required EVM for contractors. EVM is not required for contracts supporting operations and maintenance activities for UFMS, consistent with HHS policy and guidance.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2011-10-31

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
302739	Dashboard and Business Intelligence (Crawl/Walk/Run)	The Dashboard and Business Intelligence project addresses the gap identified during the UFMS Deep Dive Assessment to improve reporting and decision support across HHS OpDivs and StaffDivs. This was a key short-term, high-impact recommendation specified in the UFMS Deep Dive Assessment Final Report; it received the highest priority rating from points of contact for UFMS OpDiv and StaffDiv stakeholders for projects to be pursued. The scope of this project is to (1) define an HHS-wide reporting strategy, and (2) to implement Oracle's Business Intelligence Enterprise Edition (OBIEE) and address this business need for users of UFMS. This project heavily leverages work performed by FDA on their OBIEE pilot. This involved implementation of OBIEE Plus for use by approximately 50 seat licenses;			

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Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>configuration of extract, transform, and load (ETL) routines to load FDA data from UFMS and to address Oracle Descriptive FlexFields (DFFs); and enhancement and development of dashboards and reports to meet FDA specific business needs. These configurations and enhancements can be adjusted to enable rapid development and delivery of a global UFMS data warehouse for use with OBIEE. Program data can be integrated either through individual data warehouses for each set of books (SOB), or loaded into the single central warehouse. While our preliminary analysis indicates a hybrid approach that shares a central financial data warehouse with OpDiv-specific program data warehouses as most likely the best fit architecture for OpDiv business needs, the detailed OBIEE needs assessment work that is being planned by the UFMS Program Management Office (PMO) will determine the specific details of the go-forward solution. This solution seeks not only to improve reporting and decision support, but also to consolidate the large number of disparate reporting systems used across the Department that provide redundant capabilities today. From an application architecture perspective, the dashboard and reporting solution will integrate with: - Oracle E-Business Suite (EBS)</p>			

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Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>applications that form the COTS foundation of UFMS .</p> <p>Consolidated Financial Reporting System (CFRS) .</p> <p>The budget solution that is a part of this modernization program .</p> <p>Departmental e-Budgeting System (DEBS) . Other program data and warehouses with which the financial data will be tied to facilitate improved reporting and decision support.</p>			
302761	Expansion of Budget Tools (Crawl/Walk/Run)	<p>This project leverages the already complete implementation of Hyperion budget tools at FDA, with a roll-out to benefit all the OpDivs within HHS. The project includes incorporating additional functionality in the system that supports the lifecycle management of budgets - from formulation through execution. However, as the HHS the Office of is in early planning stages seeking to implement the Departmental e-Budgeting System (DEBS) as a Department-wide budget formulation tool, this effort will focus on the budget planning through budget execution functions with an interface to DEBS and integration with UFMS. Improvement in this area directly affects audit material weaknesses related to budgetary analysis,[1] such as reducing manual entries and facilitating compliance with the Anti-Deficiency Act (ADA). This also addresses a common sentiment among the user groups that UFMS is an accounting</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>system rather than a financial management system. The Hyperion Performance-Based Budgeting Solution provides an enterprise-level solution for budget formulation, execution, and distribution, which eliminates the need for multiple spreadsheets, separate feeder applications, and numerous individual processes. This will allow users to spend less time reconciling data and more time analyzing and planning, provides for more accurate reports to OMB, the ability to monitor and measure agency performance against agency goals, provides security and audit trails, and offers a variety of statements and reports. This solution seeks to replace cuff systems that are currently used by budget staff across HHS agencies to meet the functionality gap that exists today. From an application architecture perspective, the budget solution will integrate with:</p> <ul style="list-style-type: none"> · Departmental e-Budgeting System (DEBS) · Oracle E-Business Suite (EBS) applications that form the Commercial Off-The Shelf (COTS) foundation of UFMS · Consolidated Financial Reporting System (CFRS) The Dashboard and HHS-Wide Reporting solution that is a part of this modernization program. 			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
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302739	Dashboard and Business Intelligence (Crawl/Walk/Run)							
302761	Expansion of Budget Tools (Crawl/Walk/Run)							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
302739	302739: DBI Global Requirements		2012-01-31	2012-01-31		123	-213	-173.17%

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Achievement of clean audit opinion.	# of clean audit opinions (cumulative)	Mission and Business Results - Support Delivery of Services	Over target	1.000000	6.000000		7.000000	Semi-Annual
UFMS customer satisfaction rate (defined as scoring 4 or higher on user survey).	%	Customer Results - Customer Benefit	Over target	90.000000	92.000000		92.000000	Semi-Annual
Total average cost per hour of producing monthly and annual reports.	\$	Process and Activities - Financial	Under target	72.000000	72.000000		72.000000	Monthly
UFMS uptime (excluding scheduled maintenance downtime).	%	Technology - Reliability and Availability	Over target	99.000000	99.000000		99.000000	Monthly
Data request completion time	Minutes	Process and Activities - Cycle Time and Timeliness	Under target	0.000000	0.000000		1.000000	Quarterly